

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20340**

FILED JUL 1 1957

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>5795</b>		Registrar's No. <b>314</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b> b. CITY (Do not fill out unless death occurred in city or town) <b>CAPE GIRARDEAU</b> OR TOWN <b>CAPE GIRARDEAU</b> c. LENGTH OF STAY (in this place) <b>79 yrs</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> c. CITY OR TOWN <b>Cape Girardeau</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. # 2</b>				e. STREET ADDRESS (If rural, give location) <b>R.F.D. # 2</b> <b>0160</b>			
3. NAME OF DECEASED (Type or Print) <b>Rosina</b>		a. (First)		b. (Middle) <b>Kies</b>		c. (Last)	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 8, 1878</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Dutchtown, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wm. Schneider</b>		13b. MOTHER'S MAIDEN NAME <b>Rosena Schneider</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Kies</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Kies-Cape Girardeau</b> ADDRESS <b>R.F.D. 2</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Arteriosclerosis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		3 34x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>June 19, 1957</b> , to <b>June 27, 1957</b> , that I last saw the deceased on <b>June 27, 1957</b> , and that death occurred at <b>7:10 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles F. Baker M.D.</b>				23b. ADDRESS <b>1902 Broadway Cape Gir</b>		23c. DATE SIGNED <b>6/29/57</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. NAME OF CEMETERY OR CREMATORY <b>Russell Heights Cemt.</b>		24c. LOCATION (City, town, or county) <b>Jackson, Mo.</b>		24d. (State)	
DATE REC'D BY LOCAL REG. <b>6-29-57</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. C. Summers</b>		ADDRESS <b>Cape Girardeau, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2843

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.